

Requirements for successful Self-help groups in mental health

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Requirements for successful Self-help groups in mental health

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Abstract

Purpose: The aim of this paper is to identify characteristics of the current activities that self-help groups for individuals with mental illness are involved in. We also attempt to identify requirements for the successful management of self-help groups for individuals with mental illness.

Method: Stage one of this study assessed the actual condition of self-help groups for individuals with mental illness in Japan. An anonymous questionnaire was mailed to 579 leaders of self-help groups for individuals with mental illness, and valid responses were obtained from 112 individuals. The period of investigation was from August 2006 to February 2007. We defined the groups led by individuals with mental illness as self-help groups; other group types were defined collectively as support groups. In Stage two of the study a qualitative descriptive design was used. Participants were 8 leaders of 5 self-help groups. Semi-structured interviews were conducted after consent was obtained. The data collection period was from July to September 2007.

Results and Discussion: Stage 1: A total of 62.5% of the groups studied were self-help groups. Approximately 60% of self-help groups were associated with health care professionals. The main purpose of the groups was friendship and their main activities were recreation and outings. A few of the groups engaged in social action for advocacy. More than half of self-help group leaders reported thinking that their groups were not successful because of a shortage of new members. Group leaders thought that the requirements for successful self-help groups included such elements as professional and administrative support, positive attitudes and mutual support among members, adequate funding, space for meetings, support for the leader, and effective group management. Stage 2: Five categories emerged from data analysis: long-term support for needs, leadership ability, positive attendance, group management skill, social support. Characteristic problems of individuals with mental illness include poor interpersonal relationships, difficulties in coping with routine living, lack of consciousness of their disease, and poor adaptability to environmental change. Such characteristics can inhibit leaders from exhibiting leadership behaviors or prevent individuals from participating in group activities through active collaboration with others. It seems that creating successful self-help groups is difficult for members because of the characteristics of disease and disability. Therefore, professional support is indispensable.

Conclusion: The present research suggests that continuing equal relationships as individuals and long term support for needs are very important when professionals support a self-help group. In addition, opportunities to promote autonomy in deference to the independence of the individuals concerned and knowledge as well as indirect technical support were important.

Key words

self-help groups, mutual support, mental illness, successful management, professional support

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Introduction

The United Nations adopted [Principles for the protection of persons with mental illness and the improvement of mental health care] in 1991, laying down 25 items, including freedom and human rights for individuals with mental illness, social inclusion, and informed consent for medical treatment. The UN requested each of its member nations accept this resolution as a guide to mental health care. This suggests that the violation of human rights is still a serious issue around the world¹⁾.

Consumer movements became popular in western countries, especially in North America, in the 1970s²⁻⁵⁾. Mutual support between individuals experiencing the same problems is attempted through Self-help or mutual support groups. They may compensate for deficiencies in the natural support network that individuals develop in their lives³⁾. Such groups are very important for individuals with mental illness. They provide a number of benefits (e.g. offering positive role models, coping skills, hope for recovery, social integration, improvement of QOL and empowerment)²⁻⁵⁾. Recently mental health professionals have been paying attention to the concept of recovery that was born of in Self-help groups²⁻⁵⁾.

The mental health system in Japan is still far behind other developed nations. Japan had been criticized for its poor level of mental health treatment by the international community over the past 40 years; however, it has not improved⁶⁻⁸⁾. Recently the Japanese government has begun promoting 'deinstitutionalization'. In 2004, the Ministry of Health, Labour and Welfare announced in its "Reform Vision in Mental Health and Welfare" that it wants 72,000 mental patients to be discharged from hospitals over the next 10 years. But the support system for the individuals with mental illness is as yet inadequate, making it necessary for many patients to remain hospitalized. It is suggested that the lack of an active self help movement contributes to the poor condition of mental health support in Japan⁷⁾. Researchers point out that there are problems associated with self-help groups for individuals with mental illness

in Japan⁹⁻¹⁰⁾. These researchers cite "weakness in organization", "difficulty in continuing to run self-help groups", and "dependence on professionals" among others. The actual state of the self-help movement in Japan⁹⁻¹⁰⁾, however, remains unclear.

The purpose of this paper is to identify characteristics of the current activities that self-help groups for individuals with mental illness are involved in. We also attempt to identify requirements for the successful management of self-help groups in mental health.

Methods

1. Definition of terms

Individuals with mental illness: This group is defined as individuals who have received either inpatient or outpatient care at a psychiatric department / hospital. The majority of the individuals in this group are patients who have been diagnosed as schizophrenic.

Self-help group: This is defined as a group of individuals sharing a similar problem, who meet regularly to exchange information and to give and receive psychological support. Such groups are run by the members themselves rather than by professionals⁵⁾.

2. Design

Stage one of this study assessed the actual condition of self-help groups for individuals with mental illness in Japan. A cross-sectional study was conducted using a self-report questionnaire.

In Stage two of the study a qualitative descriptive design was used.

3. Participants and procedures

Stage 1

An anonymous questionnaire was mailed to 579 leaders of self-help groups for individuals with mental illness that was printed in directory¹¹⁾. The questionnaire included information on the: (i) group status (area, established year, membership, meeting space, professional involvement e.g.); (ii) main purpose and activity of the group; (iii) leader's view of the group condition (successful or not); (iv) leader's opinion of requirements for successful the group. (i) and (iii) were closed question and (ii) and (iv) were open question. The valid responses were

Table 1. Characteristics of self-help group leaders and their groups

Subject	Gender	Age	Group	Group	Area	Established year	Membership	Membership generation	Meeting space
1	Male	65	A	A	Kantou	1975	61*	20-70s	Community center
2	Male	60	A	B	Hokkaido	1970	200*	30-70s	Workshop
3	Female	66	B	C	Tyugoku	1998	80*	10-70s	Own meeting room
4	Male	52	B	D	Kansai	1995	15	20-60s	Workshop
5	Male	52	B	E	Kansai	1999	15	40-50s	Public facilities
6	Female	35	C						
7	Male	44	D						
8	Male	57	E						

*including supporting members

obtained from 112 individuals (19.3%). The period of investigation was from August 2006 to February 2007. We defined the groups led by individuals with mental illness as self-help groups; other group types were defined collectively as support groups.

Stage 2

Participants were 8 leaders of 5 self-help groups (table 1). Subject 1 and 2 were a founder and current reader of group A. Subject 3, 4 and 5 were a founder, ex-reader and current leader of group B. 3 groups were selected from the participants of national survey (stage 1). Selection criteria was that group gave the consent to the interview and group survived for a long time, hopefully more than 10 years. One was recommended by national alliance of self-help group for individuals with mental illness. Another was introduced by self-help group researcher.

Semi-structured interviews were conducted after consent was obtained. The data collection period was from July to September 2007. The interview content was based on an interview guide. The following questions were the focus on the interview: (i) tell me what you think of the requirements for successful self-help groups for individuals with mental illness; (ii) tell me what you think of leaders’/members’ condition for successful self-help groups; and (iii) tell me what you think of professional support for successful self-help groups. They were developed from the result of national survey (stage 1). In addition the history of their group from the beginning to now, difficulty of the group, and support from professionals were asked.

Interviews were recorded and transcribed, and

the content was reviewed and approved by the relevant participant prior to inclusion in the present analysis. I recorded my feelings about each interview in a notebook. I carefully examined the tape transcripts of the above-mentioned interviews and classified the data according to topic. Each category was regarded as an analysis unit and was coded with a focus on “conditions for the continuation / development of self-help activities.” These coded units were further categorized based

Table 2. Group characteristic

Characteristic	self-help groups		support groups	
	n	%	n	%
responder				
male	56	80.0	19	45.2
female	12	17.1	22	52.4
no answer	2	2.9	1	2.4
membership				
1-9	13	18.6	9	21.4
10-19	23	32.9	16	38.1
20-29	15	21.4	9	21.4
30-39	6	8.6	1	2.4
≥40	10	14.2	5	12.4
no answer	3	4.2	1	2.4
established year				
1960s	0	0.0	4	9.5
1970s	9	12.9	8	19.0
1980s	10	14.3	7	16.7
1990s	34	48.6	12	28.6
2000s ~	6	8.6	3	7.1
no answer	11	15.7	8	19.0
meeting space				
workshop	17	24.3	3	7.1
mental health center	6	8.5	4	9.5
health center	10	14.3	15	35.7
community center	13	18.6	7	16.7
hospital	2	2.9	1	2.4
rehabilitation center in community setting	8	11.4	2	4.8
other	13	18.6	9	21.4
no answer	1	1.4	1	2.4

on their common denominators. To establish credibility, member checking was used. The analysis was conducted under the supervision of a researcher in psychiatric nursing science.

4. Ethical considerations

After providing written and oral explanations of the purpose of the study, the voluntary nature of study participation, strict data management, and privacy protection, I acquired written or oral informed consent from individual participants of this study. Prior to beginning the study, approval was obtained from Medical Ethics Committee of Kanazawa University (Approval No. 29).

Results

1. Actual condition of Self-help groups for individuals with mental illness in Japan

Table 2 shows the demographic data on self-help groups for individuals with mental illness. A total of 62.5% of the groups studied were self-help groups. Others were support groups. One half of self-help groups were established in the 1990s and their meetings were usually held in their group workshops. Approximately 60% of self-help groups were associated with health care professionals, who were especially helpful during the establishment of the groups. The main purpose of the groups was friendship and their main activities were recreation and outings. A few of the groups engaged in social action for advocacy. More than half of self-help group leaders reported thinking that their groups were not successful because of a shortage of new members. Group leaders thought that the requirements for successful self-help groups included such elements as professional and administrative support, positive attitudes and mutual support among members, adequate funding, space for meetings, support for the leader, and effective group management (Table 3). Self-help groups were unevenly distributed in Japan. Many of the self-help groups were in the same regions, e.g. Hokkaido, Kanto, and Kyushu.

2. Requirements for Successful Self-help groups for individuals with mental health in Japan.

Five categories emerged from the analysis of

data (Table 4). They were [long-term support for needs], [leadership ability], [positive attendance], [group management skill], [social support]. Each category is discussed briefly and includes participant quotes. Each category is placed in square brackets [], subcategories are placed < >, codes are { }, participant quotes are “ ”. In addition, the subject and group number are ().

1) Category 1: [long-term support for needs]

This category comprised 4 subcategories; <long-term support for needs> <respect of individual initiative> <relationship of equality as individuals> <offering the chance to gain knowledge and skill.>

Leaders reported considering it important that professionals provide help to self-help groups. They also reported hoping for long-term support from professionals (<long-term support for needs>).

“When we started our self-help group, it was difficult to manage the group well, and we needed a lot of help. After it began running smoothly, we hoped that professionals would sometimes visit us.” (5-B)

“The professionals should not stop helping immediately after the group gets established. They have to take care of the members for a long time. Mr. X has been helping us to clean up after meetings for ten years.” (3-B)

“Whenever I get have a problem, I can ask the

Table 3. Requirements for successful self-help group in mental illness

	number of items	%
Professional and administrative support	17	24.3
Members' positive attitudes	15	21.4
Increasing members	14	20.0
Mutual support among members	13	18.6
Adequate funding	11	15.7
Effective group management	9	12.9
Personality of the leader	7	10.0
Space for meeting	5	7.1
Community acceptance	4	5.7
Bringing up the next leader	4	5.7
Support for the leader	3	4.3
Communication among members	3	4.3
Desease under control	3	4.3
Improve policy	3	4.3
Others	9	12.9
No answer	7	10.0

Table 4. Categories and subcategories of requirements for successful self-help groups in mental health

Category	Subcategory
Long-term support for needs	Long-term support for needs
	Respect of individual initiative
	Relationship of equality as individuals
	Offering the chance to gain knowledge and skill
Leadership ability	Leadership ability
	Cooperativeness
	Strong fellowship feeling
	Sincerity
	Consciousness of disease
	Publicity skills
Positive attendance	Positive attendance
	Fellowship
	Members can show their ability
Group management skill	Avoidance of overwork
	Division of labor
	Bringing up the next leader
	Increasing membership
	Ensuring a comfortable space
	Cooperation with administration and supporter to obtain funding
	Expanding social support networks
	Democratic group management
	Working with the media
Social support	Regional characteristics
	Cooperation with families and volunteers

staff for help. And they always give me support.” (7-D)

Leaders emphasized that professionals should work with members as friends (⟨relationship of equality as individuals⟩). It is important that professionals help members behind the scenes to feel that they manage the group by themselves (⟨respect of individual initiative⟩).

“I want professionals to attend the group as individuals who have the same problems. I hope that they regard themselves as our friends of us. Then I can have a feeling of familiarity with them.” (6-C)

“I hope that professionals don’t try to control the group..., we need their consultation, but the principle is that members manage the group by themselves, planning the meetings...” (6-C)

“I receive a lot of support from the staff, but they never stand out. I hope that they slave away behind the scenes.” (7-D)

Leaders reported valuing that they can receive educational and financial support (⟨offering the chance to gain knowledge and skill⟩).

“I am thankful to the doctor because he gave us

the chance to learn communication... Now our communication ability has progressed. It is important that professionals provide financial assistance to members who are motivated” (6-C)

“We got a lot of things from the mental health center, for example, a softball set, gas rice cooker, leather craft tools. We even asked the staff to throw some things away though they can still be used.” (3-B)

2) Category 2: [leadership ability]

This category comprised 6 subcategories; ⟨leadership ability⟩, ⟨cooperativeness⟩, ⟨strong fellowship feeling⟩, ⟨sincerity⟩, ⟨consciousness of disease⟩, ⟨publicity skills⟩

The leaders reported that ⟨cooperativeness⟩ was very important as well as ⟨leadership⟩.

“I know leaders who have not only leadership but also charisma.” (5-B)

“She has a great ability to make up her own mind, and she is a prescient person.” (5-B)

“Leaders should not decide without consulting members. The principle is that each member needs to think and decide. When leaders stick out, members recoil.” (8-E)

Some leaders reported thinking that ⟨a strong feeling of fellowship⟩ and ⟨sincerity⟩ are important characteristics for the leaders.

“Though suffering from illness ourselves, we, leaders, should always be considerate of group members.” (1-A)

“I want to help someone who suffers from the same illness as I do.... It helps me, too, because I also have the illness.” (2-A)

“The most important thing is leadership and sincerity for everything.” (2-A)

Two of leaders reported recognizing that they have a mental illness (⟨consciousness of disease⟩) and announced it to the group (⟨publicity skills⟩). They don't hide their mental illness. Their attitude encouraged other mental patients, and it caused membership to increase.

“I said to my doctor ‘I want to declare myself a mental patient. Even if there are a lot of iron doors in front of me, I will open them.’” (3-B)

“Parents sometimes visit here with their children who have a mental illness. It seems that they think that I am great because I wrote a book.” (6-C)

3) Category 3: [positive attendance]

This category comprised 3 subcategories; ⟨positive attendance⟩ ⟨fellowship⟩ ⟨The members can show their ability⟩.

Leaders reported valuing ⟨positive attendance⟩; however, they lamented the shortage of motivated members.

“I am already sixty years old. I cannot continue as leader for the next ten years. But only two individuals among the five members who have positions are actually working. The younger members are not active.” (2-A)

“The members in charge aren't very active.” (7-D)

Leaders reported valuing ⟨fellowship⟩; however, a few leaders reported that members have no awareness of fellowship.

“If someone has severe mental illness we have to help (the individual). We can tell them ‘we care about you. We watch over you.’” (1-A)

“Five members who have posts in the group don't get along well with each other.” (7-D)

Some leaders emphasized that members had abilities. (⟨The member can show their ability.⟩)

“Our group became an NPO. We had members who had the ability to perform such administrative work.” (4-B)

“The members who can speak a lot come (to the group). It's great. Some members always talk about the theory of self-help groups that is written in books.” (6-C)

4) Category 4: [group management skill]

This category comprised 9 subcategories; ⟨avoidance of overwork⟩ ⟨division of labor⟩ ⟨bringing up the next leader⟩ ⟨increasing membership⟩ ⟨ensuring a comfortable space⟩ ⟨cooperation with administration and supporter to obtain funding⟩ ⟨expanding social support networks⟩ ⟨democratic group management⟩ ⟨working with the media⟩.

Leaders emphasized that they should ⟨avoid overwork⟩ because they could not attend the group if they relapse or are re-admitted to the mental hospital.

“We don't need to overwork because we have symptoms and suffer from the side effects of medicine. It is important to take it easy. If someone overworks himself, he hits a dead end, I think.” (7-D)

“When members get worse they don't attend meetings. Our group has thirty members, but only 1/3 of members attend.... individuals who can attend self-help groups are in good condition. This is the biggest point.” (2-A)

They ⟨divide labor⟩ and ⟨bring up the next leader⟩, entrusting leadership roles to members to avoid overwork.

“I took charge of all the deskwork before, from accounting to everything. Now we share the work and I feel better.” (7-D)

“The most difficult work is accounting. He becomes uneasy when we have no money. Now we have two individuals who take care of the accounts. It was too much responsibility for one individual.” (3-B)

“We can bring up a leader. Individuals grow. I gave members work little by little...” (3-B)

Leaders reported that enjoyment was important for self-help groups. They reported thinking that

⟨ensure the comfortable space⟩ then ⟨members are increasing⟩.

“It is important that members can enjoy the meetings. If the meetings are always fun, repeaters increase.” (4-B)

“There were many individuals who did nothing. They came and ate, then went home. Members enjoyed the games there.... It was a place where individuals regularly hung out. Without knowing why individuals were gathering... It was comfortable for me to visit the group.” (5-B)

Some leaders worked to ⟨increase members⟩.

“I make phone calls and ask. ‘Why don’t you attend the meeting?’ when there are few members and I think ‘it is a small number.’” (6-C)

There was an example of success in increasing members using the media. On the other hand, one leader reported that she did not contact the media because she worried the effect of the media on the group (⟨Working with the media⟩).

“At first our group consisted of OBs from the rehabilitation class at the mental health center. A lot of the new members came after they heard about us on TV or in the newspaper.” (3-B)

“I did not want to contact the media because I worried about the effect on the group.” (6-C)

Leaders reported valuing funding as very important and they ⟨cooperated with administration and supporters to obtain funding⟩.

“We negotiate with the city every year.... We have held fund-raising campaigns three times and collected donations....” (5-B)

“I want more grant-in-aid from the administration. The problem is that it can fetter us. The administration may require us to obey them because they give money to our group....” (2-A)

One leader reported the intension to ⟨expand social support networks⟩.

“We always intend to link the individuals to us. We try to use individuals more and more though it sounds like a nasty comment. When I feel that someone wants to join us, I praise them a lot... I always try to praise the doctors...without my knowledge they join our plan...” (6-C)

One leader reported valuing ⟨democratic group management⟩.

“We disclose the accounts of our group to all of the members, even 1 yen. Sometimes I think that public opinion exists in our group. It is impossible to decide the issue without will of the members.” (5-B)

5) Category 5: [social support]

This category comprises 2 subcategories; ⟨regional characteristics⟩, ⟨cooperation with families and volunteers⟩.

Leaders reported that ⟨regional characteristics⟩ (e.g.: regions with sufficient support systems, open-minded and friendly communities) and ⟨cooperation with families and volunteers⟩ were important for successful self-help groups.

“I think that there is some relationship between the success of a self-help group and regional characteristics.... Self-help activity will happen even in a rural area if there is support.” (8-E)

“Why there are a lot of self-help groups in Hokkaido and they are active? The reason is the mental health center educated all of public health nurse in Hokkaido when mental health center was established.... and daycare (for individuals with mental health illness) started earlier than other (prefecture).” (3-B)

“We got the job, thanks to a family.... We rent a house as our own office.... That was a member’s parent’s house.” (3-B)

“I consulted with the director of the mental health center.... I told him the mental health volunteer was very active in Yokohama. Then, the volunteer course started and it spread all over the prefecture. They cooperated us in various ways....” (6-C)

Discussion

The result of the national survey (stage1) showed that the requirements for successful self-help groups for individuals with mental illness. They included: (i) professional and administrative support; (ii) leadership was important and the support for leaders was needed ; (iii) member’s positive attitude was required and; (iv) infrastructure (e.g. the fund and meeting space). We got more deep information of them from interview data (stage 2).

For successful self-help groups the readership ability was very important. It included desirable personality too. Leadership is a concept indicating influential power / process with which members of a group are directed / motivated to achieve their common goals. In characteristics theory, certain innate characteristics are thought to determine the effectiveness of leadership¹²⁾. Meanwhile, the proponents of behavioral theory believe that leader behavior can be acquired and that it can be understood from two dimensions; namely, structure formation (e.g.: goal setting for members, task allocation, and task adjustment) and consideration for others (i.e.: behavior with regard for personal relationships; e.g.: respect for the opinions of members; support for members experiencing difficulties)¹²⁾. In this study, "cooperativeness" and "a feeling of fellowship," (they were subcategories of "leadership ability") and "democratic group management" (it was one of subcategories "group management skill") were regarded as consideration for others. "Division of labor" and "bringing up the next leader," (They were subcategories of "group management skill") were regarded as structure formation. This indicates that the leadership behavior needed in general groups is also required in self-help groups of individuals with mental illness.

The process of goal achievement through the collaborative conduct of tasks by a group is generally called group process¹³⁾. It is said that a group tends to develop by taking apparently observable steps¹³⁾ and that effective groups are characterized by their strong cohesiveness¹⁴⁾. The leaders that participated in this study believed that "positive attendance" and "a feeling of fellowship" were important for the development of self-help groups. They, however, reported that few members met such conditions.

Characteristic problems of individuals with mental illness include poor interpersonal relationships (attributable to their tendency toward escape, rejection, autism, and emotional disturbance), difficulties in coping with routine living (decrease in the ability to maintain a daily rhythm / orderly life), lack of consciousness of disease (inability to

correct their own wrong behavior caused by certain symptoms such as hallucination and delusion), and poor adaptability to environmental change (weak response to stimulation)¹⁵⁾. Such characteristics can inhibit leaders from exhibiting leader behaviors or prevent individuals from participating in group activities through active collaboration with others.

There was little research about an experience of leaders of self-help groups for individuals with mental illness. Only study on the leader of a breast cancer support group investigated it. 60% of group leaders experienced infrastructure problems and difficulty related to group processes, and felt the need for education about group administration and training¹⁶⁾. There are individuals with mental illness such as above, which suggests the leader's burden. Many of the self-help group leaders that participated in this study thought that they should be careful not to allow their health to deteriorate to the point of requiring hospitalized due to excessive activity for their groups. It seems that creating successful self-help groups is difficult for members because of the characteristics of disease and disability. Therefore, professional support is indispensable.

The present research suggests that 'a continuing equal relationship as individuals' and 'long term support for needs' are very important when professionals support self-help groups. In addition, opportunities to promote autonomy in deference to the independence of the individuals concerned and knowledge as well as indirect technical support were important. It seems that individuals with mental illness have low self-esteem because of their feeling of unworthiness and individual lack of understanding about their mental illness. It is important that health professionals focus on each mental patient's strengths and encourage them to make confidence.

Various social skills such as communication, problem solving abilities, and methods for fund acquisition are necessary so that the self-help groups can operate effectively. Individuals with mental illness have often been prevented from acquiring these skills because the onset of a mental

disease came at an early age or due to prolonged periods of hospitalization. It is important that health professionals support improvement in such areas as interpersonal relationships and other social skills for the development of the self-help groups for mental patients.

The nurses can support to self-help groups as a consultant. They have to prevent leaders/ members burnout. They also can provide an information and knowledge of skills for communication, group management, and negotiations with an administration.

There are some studies about desirable support for self-help groups, but almost of them conducted by professionals and it was still unclear about need of professional support for self-help groups for individual with mental illness. It was very important to know how self-help group leaders think of professional support and the result of this study was valuable.

Limitations of this study and future tasks

The groups in this study represent about 20.0% of Japanese self-help groups for individual with mental illness. However, in this type of study the basic response rate was usually low in both Japan and the US, because of privacy of mental health patients.

In stage 2, it is difficult to generalize the result because it came from only 5 self-help groups. In addition the group process and size were different between 5 groups and further research such as case study is needed.

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References

- 1) O'Hagan M: Stopovers. On my way home from Mars, Igakushoin, pp 73-129, 1999
- 2) Davidson L, Chinman M, Kloos B, et al: Peer Support Among individuals with severe mental illness: A review on the evidence. Clin Psychol-sci pr 6: 165-187, 1999
- 3) Davidson L, Chinman M, Sells D, et al: Peer Support Among Adult With Serious Mental Illness: A Report From the Field. Schizophr Bull 32(3): 443-45, 2006
- 4) Nelson G, Lomotey J: Quantity and quality of participation and outcome of participation in mental health consumer-run organizations. J Ment Health 15(1): 63-74, 2006
- 5) Pistrang N, Barker C, Humphreys K: Mutual help groups for mental health problems: A review of effectiveness studies. Am J Community Psychol 42: 110-121, 2008
- 6) Sugimoto A: How did disabilities survive? A history of disabilities movement from pre and postwar period. [Syougaisya ha dou ikitekitaka. Senzen sengo syougaisya undoushi], Gendaisyokan, pp 97-150, 2008
- 7) Ueno T, Endou M, Koyama T: The role and meaning of mental health users' movement. [Seishin syougaisya katudou no yakuwari to igi]. Psychiatria et Neurologia Japonica [Seishinshinkeigakkaishi] 97: 785-790, 1995
- 8) Fujii K: How can we establish normalization in our community? [Dou tukuru waga machi no normalization]. Clinical Journal of Psychiatric Service [Seishinka rinsyou service] 3(4): 417-422, 2003
- 9) Mita Y, Ooshima I, Yamazaki Y: The actual condition and meaning of self-help group for people with mental illness. [Seishinsyogaikaihukusya no self-help group no jittai to igi]. Bulletin of Social Medicine [Syakaigaku kennkyuu] 10: 91-95, 1991
- 10) Iwata Y: Report of management and foundation of self-help group. [Self-help group no seturitu to unnei ni kansuru tyousajittai houkokusyo]. A government subsidy for scientific research basic research (A)(2) report [Heisei 6-9 nendo monbukagakukenyuuhojyokinn kibann kennkyuu (A)(2) kenkyuu seika houkokusyo], 1998
- 11) Directory of social support in Japan 2002→2004. [Zenkoku syukai shigen meibo 2002→2004], National self-help group of parents of people with mental illness. [Zenkoku seishinsyougaisya kazokukai rengoukai], 2002
- 12) Ueda Y: Organizational Behavior [Soshikikoudoukennkyuu no tenkai], Hakutoushobou, pp 223-227, 2003
- 13) Sullivan MP: Nursing leadership and management, Healthshuppan, pp 48-49, 1995
- 14) Yalom ID, Vinogradov S: Concise guide to group psychotherapy, Kongousyuppan, pp 31-32, 1997
- 15) Hasegawa M: The role and problem of nursing in psychiatric treatment, Mie Nursing Journal 1: 9-15, 1999
- 16) Butow P, Ussher J, Kirsten L, et. al: Sustaining leader of cancer support groups: the role, needs, and difficulties of leaders, Soc Work Health Care 42(2): 39-55, 2005

精神障がい者セルフヘルプ・グループの活動発展条件に関する研究

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要 旨

本研究の目的は、我が国の精神障がい者のセルフヘルプ・グループの活動の実態と活動上の課題ならびに活動が発展するための条件を明らかにすることである。全国の精神障害者のセルフヘルプグループ579団体のリーダーに自己記入式質問紙を郵送し活動状況について尋ねた。有効回答である112グループのリーダーの半数が自分たちのグループは発展していないと考えていた。また活動が発展しているセルフヘルプ・グループのリーダー8名に対し半構造的インタビューを実施し、質的記述的に分析した。分析の結果、セルフヘルプ・グループが発展するための条件は、【リーダーシップ能力】、【メンバーの参加意欲】、【(グループ) 運営技術】、【(専門職の) 必要に応じた継続的支援】、【社会資源】の5つのカテゴリーに分類された。

精神障がい者は疾患の特徴や若年での発症、長期入院による社会経験の不足などから対人関係の持ちにくさや社会生活技能の不足などの課題を抱えており、リーダーシップ能力や積極的な参加、仲間意識、協調性などが阻害されている可能性がある。したがって、当事者のみでセルフヘルプ・グループを効果的に運営することは大変困難であり、専門職の支援が不可欠である。専門職は必要に応じた継続的な支援を行い、当事者の主体性を尊重し、人として対等の関係性の中で当事者が徐々に自信をつけ、自律していけるように見守ることが必要である。